Reiki for Mind, Body, and Spirit Support of Cancer Patients

Pamela Miles

Pamela Miles is an Integrative Health Care Consultant, Reiki master and educator in private practice in New York City and founding director of the Institute for the Advancement of Complementary Therapies.

INTRODUCTION

A cancer diagnosis is an abrupt confrontation that signals a need for care on many levels. For optimal health and well-being, patients need to address daily not only the disease, but also its underlying imbalances and any unhealthy habits of body or mind that weaken well-being. Patients also need to heal from the shock of the diagnosis and, once treatment starts, from treatment- related side effects and stress. When treatment is finished, healing is needed to help patients live with the ensuing uncertainty as they redefine normalcy and strengthen their well-being.

In the conventional medical paradigm, a distinction is drawn between cure, an objective goal, and healing, which is subjective and individual, which involves creating and/or strengthening a sense of wholeness, and which is not attached to specific outcomes.[1] Supporting a person's individual path to healing involves skills not generally taught in medical school, and mainstream physicians are rarely equipped to function in this way for their patients or themselves.[2] Doctor burnout is prevalent throughout health care, reported by 56% of American oncologists, and blamed in part on inadequate training in coping mechanisms.[3] In response to concern about burnout, as well as an emerging interest in integrative approaches and student demand, medical schools are beginning to expose students to healing and self-care, both conceptually and practically.[4,5-9]

Reiki practice addresses all these concerns, providing healthcare students and professionals a skill for self-care and patient care. Both Reiki treatment and training are increasingly available to medical and nursing students through elective classes, special interest clubs, and university wellness programs. A pilot study looking at the impact of Reiki training and self-treatment on nursing students identified "four themes: spirituality, increased self-care and caring behaviors, healing presence, and increased personal awareness, which included lifestyle changes experienced since learning First Degree Reiki, desire for more holistic education, and awareness that Reiki practice has changed the way they view their own clinical practice."[10] Reiki "combines the felt experience as well as theory and an appreciation of the spirit."[4]

Healthcare professionals turn to Reiki as a way of offering clinical services that are sensitive to caring as well as curing.[4,11-13] This sensitivity is particularly important in settings in which some patients will move from aggressive treatment to palliative care, a setting in which Reiki can continue to bring patients, family, and caregivers comfort and peace.[11,14] Since the experience of healing through Reiki is best understood by actually having the experience,[4] making Reiki treatment available to physicians and medical students as well as patients is a wise and practical strategy for integration. Additionally, health-care professionals have reported enjoying the experience of giving Reiki treatment to patients.[15]

Patients increasingly turn to practitioners of non-invasive complementary modalities such as Reiki to support their healing.[16] Complementary therapy use by cancer patients is substantial and varied,[7,17-24] with 1 survey indicating 80% of responding breast-cancer patients utilized complementary therapies.[25] The adverse effects of conventional treatment and the attendant suffering and stressors, including financial hardship, may not be fully recognized.[26] Reiki is becoming an increasingly popular support choice as reported by surveys[27,28] and evidenced by the growing number of hospitals and conventional medical settings, community centers, and patient support groups where Reiki is offered to patients.[29]

A patient's decision to seek healing support is influenced by many factors. Cancer patients experiencing anxiety, pain, and mood disturbance may find that their symptoms do not respond well to conventional treatment or that they are not able to tolerate standard interventions.[30] Other reasons why patients choose to utilize complementary therapies include wanting treatments compatible with their spiritual values,[31] wanting to try every option, thinking that complementary therapies are more natural and less harmful than conventional treatments, knowing other people who have benefited from complementary therapies,[17] wanting to be more active in their health care, and wanting to cover all bases.[12,32] Patients also use complementary therapies to reduce treatment side effects; alleviate depression, anxiety, insomnia, and pain; slow disease progression; improve immune function; strengthen overall health;[12] find a sense of meaning in their experience of illness; and support inner transformation.[33] Patients who access complementary therapies most often do so either while receiving conventional treatment or in its aftermath,[17] a critical time when, having left the structure and

tending they experienced in the treatment phase, patients can face a sense of abandonment and even panic.[34] With advances in conventional screening and treatment, unprecedented numbers of cancer patients are living longer and, thus, are typically faced with more health problems than their non-cancer cohorts, as well as the continuing spectre of recurrence.[35] By supporting overall health and well-being, healing may help patients cope more effectively with non-medical stressors such as finances and family relationships, stay on schedule with their conventional treatment protocols, and maintain wellness and quality of life after completing treatment.

DEFINITION OF REIKI

Reiki is a spiritual healing practice that enhances wellness by gently encouraging balance throughout the entire system: body, mind, and spirit. Commonly facilitated by light touch, entry-level, or First Degree Reiki (discussed below) can be easily learned and practiced on oneself to strengthen well-being, enhance quality of life, and relieve symptoms such as anxiety, fatigue, pain, insomnia, nausea, and indigestion. Although Reiki is historically a daily self-care practice,[29] Reiki can also be received as a treatment from someone else, either a family member, a friend, or a professional.

When receiving Reiki as a stand-alone treatment, the recipient lies fully clothed on a treatment table while the practitioner rests her hands lightly on a series of placements on the head, both sides of the torso, and the limbs as needed. A full treatment is typically 45-60 minutes, but the treatment protocol is very flexible and can be abbreviated to fit any care setting, such as during bone marrow biopsy, chemotherapy, or surgery.[29] In acute situations, even a few moments of Reiki touch can be supportive to patient and practitioner alike, making it easy to offer Reiki in even the busiest clinical environments.[15] Reiki has no known contraindications.[30,36] It does not involve ingesting any substance through the mouth or the skin, and the touch is light and non-manipulative or off the body if necessary.[29] Reiki can safely be used by any cancer patient, regardless of age.[12,22,30,36]

Reiki practice is only learned through direct training with a Reiki master. As brought to the United States from Japan in 1938, Reiki includes 3 levels of training, each involving a unique scope of practice. Students can learn First Degree (healing through light touch or proximity) and Second Degree (distant healing) in group classes of approximately 10 hours for each level, preferably over 2 or more days, with a minimum of 3 months between First- and Second-Degree training. Traditionally, most students stop their formal training after the Second Degree class and continue to develop proficiency through daily practice and mentoring. A Reiki Master has traditionally been a teacher, someone who was authorized by his/her own teacher to train others to practice Reiki. Reiki Masters are not trained until after accumulating considerable practice experience as a foundation for teaching. Master training begins with a yearlong apprenticeship and develops with continued mentoring by the training master and/or other senior Reiki masters. It is important to note, however, that the aforementioned educational standards are conservative, non-mandatory, and observed by a minority of practitioners Currently, these standards are generally disregarded in favor of much faster, less-rigorous training. If students practice self-treatment regularly, they are able to practice Reiki effectively without in-depth training. However, the subtle aspects of the practice and the ability to communicate it simply require thorough training and years of consistent practice.

HISTORY OF REIKI

Reiki practice dates back to a dedicated spiritual aspirant, Mikao Usui, in Japan in the 1920s. The practice was brought to Hawaii in 1938 by Hawayo Takata, a first-generation Japanese-American, and her Reiki master, Chujiro Hayashi, a retired physician and direct student of Usui.[29] By the time Takata died in 1980, she had brought Reiki practice to the mainland United States and western Canada, and trained 22 master students to continue the healing tradition. Since then, Reiki practice has grown in popularity and spread around the world as a lay spiritual healing practice. This rapid expansion throughout the public sector occurred largely on the coattails of the New Age movement. In the process, Takata's education and practice standards were increasingly disregarded, and many hybrid practices came to be included under the name of Reiki.

REIKI, SPIRITUALITY, AND ACADEMIC MEDICINE

Reiki originated in a culture that does not draw a sharp distinction between healing and spirituality. Traditional Asian medical systems recognize the cultivation of spiritual well-being as essential to health. Spiritual well-being is primarily cultivated through commitment to daily spiritual practices such as meditation, chanting, yoga, qi gong, and t'ai chi. These lifestyle practices are woven into the fabric of daily living. European-based cultures do not have the same tradition of secular spiritual practice, tending to link such practices to religion. In recent years, Asian spiritual practices have been packaged for the American public by various factors in the health industry, where they have been promoted as stress-reduction techniques. The ability of meditation and Reiki to reduce stress is increasingly substantiated by research (see below). That, however, does not make these spiritual practices stress-reduction techniques; they are still spiritual practices that have the side effect of reducing stress. Conceptualizing spiritual practice as stress reduction is shortsighted in that it obfuscates both the goal and the deepest, most-transformative value of spiritual practice: having a direct experience of spirit.[4] Although utilizing excerpted spiritual practices as medical interventions may bring much needed short-term results, this miscategorization may also lead to confusion in both clinical decisions and research strategies/interpretations.[35,37,38]

Given that Reiki has been largely misunderstood since Takata's death, it is no wonder that academic medicine has difficulty categorizing the practice. The National Center for Complementary and Alternative Medicine (NCCAM) lists Reiki under energy medicine,[39] but Reiki is not an energy medicine technique. Reiki is a spiritual healing practice that can be used

as an intervention; it is not primarily an intervention.[4] The other useful techniques listed by NCCAM under energy medicine are definite interventions—subtle manipulations that purposefully rearrange the biofield, which is the vibrational field purported to surround and penetrate the physical body, and said to contain the mental and emotional bodies and the blueprint for the physical (the biofield's existence has yet to be scientifically confirmed).[39] Energy-medicine techniques typically involve a diagnostic phase followed by the enactment of a treatment plan that utilizes different techniques for specific purposes. Practitioners of energy-medicine techniques are *doing* something.

Reiki, however, (like meditation) involves no diagnosis, and much of the skill involves *not doing*. Whereas it is optimal to give oneself a full Reiki treatment (or sit for a full meditation session), it is not necessary to do so because even a few minutes of Reiki (or meditation) can be beneficial.

Like meditation, Reiki is a passive rather than an active skill-based practice, and both would be more accurately placed in a category of spiritual healing practice rather than under the interventionist perspective and practice of energy medicine. Another example of a passive spiritual healing practice is restorative yoga, in which the body is placed in simple postures (such as legs up the wall, arms extended comfortably out to the side), which optimize the ability of body, mind, and spirit to balance itself. Rather than applying effort to effect a therapeutic action as one would in an active yoga practice such as the basic Anusara or Ashtanga sequences, the practitioner of restorative yoga simply places himself in the posture and allows the natural balancing response to happen.

REIKI IN CONVENTIONAL CANCER CARE

Regardless of the challenges Reiki poses to academic categorization, Reiki is increasingly offered as an adjunctive treatment in hospitals and cancer centers. Reiki's rapid integration into conventional cancer care is based on scant but growing evidence of effective symptom management (discussed below); documented anecdotal evidence that is consistent across cohorts[15,29,40-52] and consensus that, used to complement rather than replace conventional care, Reiki is low-risk. Anecdotally, the deep relaxation commonly experienced during Reiki treatment seems to be associated with a reduction in anxiety, stress, and pain.[11]

Identified as an evidence-based complementary therapy for symptom control and quality of life,[12] Reiki is offered to patients in local hospitals, community centers, and cancer support groups, and at leading cancer treatment facilities such as Memorial Sloan Kettering Cancer Center (New York, New York), Dana Farber Cancer Center (Boston) and M.D. Anderson Cancer Center (Houston). Treatment and/or training is available through hospital-based Reiki programs or as one of many options offered or suggested at integrative care facilities.[53] Including complementary therapies in conventional care centers increases access for middle- and low-income families and people of color.[54] Kronenberg et al offer strategies to address issues of collaboration between complementary and conventional cancer practitioners, including querying patients, finding practitioners, evaluating referrals, finding common language to develop dialogue, and managing legal liability.[35]

Healthcare professionals frequently seek Reiki training on their own and may integrate Reiki informally into routine care.[7,29] One study linked physician recommendation of complementary therapies to their personal use.[2]

Patients may use Reiki to bring healing into their often-rigorous cancer protocols, seeking relief from symptoms such as pain, anxiety, fatigue, nausea, and depression, and to improve quality of life, reduce feelings of helplessness and hopelessness, slow disease progression, improve immune function and overall health, participate actively in their health care, and regain a sense of control.[12,19] Attending to well-being and quality of life may help patients adhere to conventional treatment schedules.

The ability of stress reduction to influence medical outcomes is now well documented, blurring the distinction between cure and healing. Healing can grease the wheels of conventional medicine and might improve medical outcomes in a number of ways, such as by affecting hormone levels; minimizing side effects of needed, but invasive, conventional treatment; reducing pain and anxiety; improving sleep and digestion—thereby also reducing personal suffering.[17] Healing helps the patient maintain higher functioning and sustain a hopeful outlook, bolstering the patient's will to live.[55] It can also make the patient a more-engaged partner in treatment.[4]

Cancer patients often experience anxiety and distress.[34] By helping to relieve anxiety and provide a sense of safety,[56] Reiki can support the delivery of conventional medical care. Because Reiki can adapt to the demands of conventional medicine,[57] it can be an easy first step for both care providers and patients who are interested in integrative medicine—a step that helps them appreciate the crucial role they play in their own healing and well-being.[4]

Whether or not there is a religious affiliation, Reiki can help patients access the profound inner resources needed to turn a terrifying challenge into a time of transformation and fulfillment.[4,33,53] To maximize benefit to patients and staff who use Reiki and to maintain the integrity of the practice, it is vital that the larger context of spiritual practice is not ignored when adapting Reiki to conventional settings. The "best of both worlds" scenario that expeditiously seeks to extract techniques without understanding the context that spawned them will lead, at most, to under-utilization of non-invasive, cost-effective therapies. For example, viewing Reiki solely as a stress reduction technique does not help conventional medicine recognize the importance of spirituality in healing and masks the valuable role Reiki can play in connecting people with their own innate spirituality. A cancer diagnosis can precipitate a sense of alienation and distrust in the process of life. Like other spiritual practices, Reiki helps people reconnect to themselves spiritually again and again, not just in times of challenge but every day. Reiki practice also typically affords a palpable experience of spirit and well-being.[4,15,56,58]

In its foundation as an individual self-care practice, Reiki shares the advantage of psycho-spiritual practices such as

prayer, meditation, and imagery in being more easily accessed by individuals and families with time and/or financial constraints than other useful complementary therapies (acupuncture, shiatsu, massage, reflexology, etc.), which are primarily accessed through appointments with private therapists and paid for out-of-pocket. Empowering patients in self-care has broad implications for public health, especially, but not exclusively, in disenfranchised populations.[41]

OVERCOMING CHALLENGES TO INTEGRATION

While the abandonment of Takata's educational standards (detailed above) allowed the practice to spread rapidly around the globe, it also gave rise to the promulgation of misinformation about Reiki, notably the misstatement that Reiki equals *prana* equals *qi* equals *ki* (qi and ki have the same meaning in Chinese and Japanese, respectively, but prana, qi/ki, and Reiki are distinct levels of subtle reality).[29] Qi/ki moves through meridians in the body and can be manipulated by acupuncture or acupressure/shiatsu or qigong/t'ai chi. Although qi itself is undetectable by technology, the body's electric conductivity is altered at the acupuncture points.[59] Prana moves through the chakra/nadi system and is manipulated through yogic breathing practices called pranayama. Reiki is not a specific type of ki that is manipulated, but rather the source from which ki itself arises.[29] It also gave birth to the myths that Reiki is an ancient practice and that it is rooted in ancient Tibetan or Buddhist scriptures (which grew out of a misunderstanding of a comment by Takata). As Reiki began to be known in conventional medicine, in the absence of readily available documentation to the actual history and essence of Reiki, much misinformation has been printed in medical papers and on government websites.

With medical consensus that Reiki involves no harm, no specific licensing exists for Reiki practice, nor is there agreement regarding certification. Practitioners who honor Takata's standards are in the minority of the global Reiki community; other practitioners may present themselves as Reiki masters after minimal training or simply clicking a link on a website. The lack of reliable credentialing in Reiki practice has led one researcher/clinician team to recommend avoiding "the weekend Reiki master syndrome" by looking for a very experienced, fulltime Reiki practitioner.[60] In a practice that has no agreed upon standards, certificates are meaningless, but a brief interview enables patients, care providers, and administrators to identify credible practitioners by the depth of their training and experience, the evenness of their communication style, the clarity of their vision of Reiki's role in collaborative health care, and, especially, by their commitment to daily self-treatment.[4,29]

RESEARCH

A number of small studies have looked at the value of Reiki for cancer patients or for relief of symptoms that cancer patients may experience.

A counter-balanced crossover trial compared Reiki to rest as an intervention to reduce fatigue, pain, and anxiety, and to improve quality of life in cancer patients with a median age of 59 years. Participants assessed their fatigue and quality of life before and after the entire series of 7 Reiki or rest sessions. They also reported daily pain, tiredness, and anxiety before and after each individual Reiki or rest session. The Reiki group had significantly reduced fatigue both overall (P=.05) and daily (P<.001), decreased pain (P<.005), decreased anxiety (P<.01), and improved quality of life (P<.05), compared to those in the resting condition.[61]

A pilot study looking at Reiki's effectiveness to support conventional drug treatment to manage pain included, but was not limited to, cancer patients. Assessments of patients' pain immediately before and after Reiki treatment indicated a highly significant reduction in pain after Reiki treatment (P<.0001), as measured by both a visual analogue scale and a Likert scale.[62]

A weeklong phase II trial looked at pain management, quality of life, and analgesic use for advanced cancer patients who received either standard opioid treatment plus rest on Days 1 and 4 or standard opioid treatment plus Reiki on those 2 days. The Reiki group reported less pain (P=.035 for Day 1 and P=.002 for Day 4) and improved quality of life (P=.002). On Day 1, participants had a significant drop in diastolic blood pressure (P=.005) and pulse (P=.019). The drop in blood pressure on Day 4 approached significance (P=.082), but it was not noted whether the blood pressure and pulse rates were elevated prior to Day 4 Reiki treatment. There was no overall reduction in opioid use, which the authors noted as unsurprising given the short duration of the study. Additionally, the patients were close to death and had been advised not to adjust their medications on their own even if they were feeling better. The researchers noted their clinical observation that the effects of Reiki treatment seem to last 2-3 days. They suggest collecting data on psychological factors, such as depression and anxiety, which may affect pain perception.[63]

An outcome study of 1290 patients at Memorial Sloan Kettering Cancer Center (MSKCC) relied on pre- and post-treatment self-report to document the effectiveness of touch therapies to control symptoms for inpatients and outpatients. Participants rated anxiety, fatigue and pain as their 3 most frequent symptoms. All massage therapists at MSKCC are Reiki-trained and the light-touch intervention included Reiki. Even patients who rated their symptomatic discomfort as high reported that touch treatment lowered the intensity by at least 50% as compared with their scores before the treatment. Although intensity increased somewhat after the post-treatment improvement, it did not return to the initial level during the 48-hours post-treatment that patients were monitored. Anxiety was most reduced by touch treatment. Although fatigue improved the least, the improvement was still significant. The authors noted that the benefits were likely underrated in this study.[64]

Although the following studies did not specifically target cancer, they investigated conditions common in patients with cancer. Reiki has been shown to reduce anxiety and pain in patients undergoing medical procedures. For example, women undergoing hysterectomies who received standard care plus 3 30-minute Reiki sessions (1 pre- and 2 post-surgery) reported less pain and requested fewer analgesics than the control group,

who received only standard care. When discharged 72 hours after surgery, the experimental group also reported less state anxiety than the control group (P=.005).

Twenty-minute Reiki treatments self-administered or received from another Reiki student significantly reduced the anxiety and pain reported by outpatients learning to practice Reiki in classes held at an inner-city HIV clinic. The benefit was not significantly different whether Reiki was received by self-administered or received from another.[41]

Reiki has also been shown to be effective in reducing anxiety in healthy subjects. A convenience sample of 23 healthy, Reiki-naïve subjects received 30-minute modified Reiki treatments. Anxiety was significantly reduced after Reiki treatment (P=.02). It is notable that the study's treatments were not consistent with either how a Reiki treatment is typically conducted (fewer hand placements, shorter session) or the usual quiet, undisturbed treatment setting. There was always at least one experimenter in the room with the Reiki practitioner and recipient, and physiological measurements were taken (see below).[66]

In subsequent interviews with the subjects in the above study, reported in a separate paper,[56] most disclosed that it was difficult to put their experience of Reiki session into words. They expressed feeling relaxed throughout the 30-minute treatment, often using the words "peaceful" and "calm." The authors noted several trends in the participants' reports. Participants expressed having paradoxical feelings during the treatment, such as heaviness and weightlessness or sinking and floating, and sometimes experiencing opposite qualities simultaneously. The authors noted that the subjects seemed to be viewing their experience from a perspective of wholeness and inclusiveness rather than the usual perspective of differentiation and separateness. Subjects reported feeling safe, even those who had some feelings of discomfort ("claustrophobia," "panicky") during their session. There was frequently a loss of the experience of boundaries in that the recipients were unable to tell where their bodies ended and the Reiki practitioner's hands began. Participants described experiencing a liminal or threshold state of consciousness between waking and dreaming such as is induced in many traditional healing rituals. The authors remark that the liminal state itself may be an operative part of Reiki's mechanism of action. Furthermore, participants described their Reiki treatments as being dynamic, with many shifts and variations suggestive of "a process of balance and self-regulation," but so subtle that they "may defy measurement." The authors commented that the holistic experiences described by the participants suggest the need for a more-complex approach to investigation than the usual linear research model.

People in need of treatment for symptoms of depression and stress who were not taking medication were recruited to receive weekly 60- to 90-minute Reiki sessions for 6 weeks. The participants showed significant reduction in symptoms of depression, hopelessness, and stress (P<.01) and the benefit had persisted with no further treatments when participants were retested a year later.[67]

A growing body of evidence supports Reiki's ability to increase parasympathetic nervous system activity. Small studies document a range of physiological responses in the direction of relaxation, including decreased levels of stress hormones, improved salivary Immunoglobulin A (IgA),[66] improved blood pressure,[63,66,68] and improved heart rate.[63,68]

Both recipients and practitioners can be successfully blinded to Reiki as part of the experimental design.[45,69]

At this time, there is no comprehensive scientific understanding of a mechanism of action for Reiki beyond the apparent activation of the parasympathetic nervous system. It is possible that the deep relaxation associated with Reiki treatment both anecdotally and in research allows the body's self-regulating mechanisms to recalibrate. It has also been proposed that touch therapies such as Reiki may create changes in the brain that influence the receiver's body map and his or her somatosensory attentional system, thus teaching the recipient to experience the body in a new, more adaptive way.[70] A large NCCAM study is currently investigating Reiki's mechanism of action.[71]

In view of mounting and consistent anecdotal evidence across cohorts, increasing public use, and the rapid integration of Reiki into conventional health centers, further investigation of Reiki's effectiveness and exploration of integration strategies are clearly warranted and needed to guide clinical recommendations, especially regarding how much treatment and how often it is needed to maximize benefit. Questions to be considered include:

- Are there specific physiological responses that are reliably linked to Reiki practice?
- Can Reiki affect neutropenia in patients undergoing conventional treatment?
- Is self-practice as effective as treatment received from another practitioner?
- Does daily self-practice bring different results than weekly professional Reiki treatment?
- Does Reiki treatment ease the experience of or speed recovery from invasive procedures?
- How does Reiki treatment during chemotherapy affect both the patient's treatment experience and markers of well-being/functioning for the following week?
- Does integration of Reiki into conventional care raise patient and/or staff satisfaction or affect staff burnout?
- Do long-term cancer survivors who access Reiki have fewer treatment-related side effects and higher well-being scores than those who do not?

Barriers to quality research are considerable but not insurmountable. They include Reiki's lack of educational and practice standards and the resulting challenge to identify credible practitioners; the dearth of credible Reiki resources; the lack of dialogue among researchers, conventional clinicians, and Reiki practitioners; the lack of research training in fulltime Reiki practitioners; the lack of an industry or practice organization to encourage or fund research; conventional medicine's lack of a theoretical framework for subtle realities; and the conventional insistence on linear research approaches despite the complexity

of the response to Reiki treatment. In response to these challenges, the National Cancer Institute (NCI) has an initiative to guide collaboration between conventional and complementary professionals in order to improve the quality of future research.[72] The Touch Research Institute of the University of Miami medical school hosts weeklong research training for touch practitioners.[73]

The inclusion of fulltime lay Reiki practitioners into academic research teams is critical to good research.[60] Reiki practice is simple and students can practice effectively without profound understanding of the subtleties of Reiki,[58] making it easy for physicians, nurses, and other licensed healthcare professionals to integrate moments of Reiki seamlessly into clinical care. It would seem that their understanding of medicine would make them ideal research collaborators. However, being able to practice Reiki and having a depth of understanding of the practice are not the same, and healthcare professionals for whom Reiki is not their primary practice are unlikely to have the extensive experience with Reiki as a stand-alone practice that is needed to guide research.

Larger, more rigorous studies of the already reported physiological responses to Reiki treatment are needed, as well as more-rigorous investigation of Reiki's effectiveness to help manage pain, anxiety, and fatigue and to improve quality of life. Equally valuable would be further investigation of the subjective descriptions of Reiki experiences such as that begun by Engbretson and Wardell[56] (discussed above) to better understand if/how Reiki treatment helps patients recontextualize their experience of themselves and of their disease in such a way as to enhance both coping and their innate ability to heal.

REIKI: SELF-CARE/HOME PRACTICE AND HEALTH CARE TREATMENT

Reiki treatment is available in a variety of ways. People can access it as a stand-alone health care treatment offered in a hospital, at a wellness center, or by a Reiki professional in private practice. Patients can receive Reiki treatment from a friend or family member who is not a Reiki professional and who may have learned to practice Reiki specifically to support the patient through his illness. Patients can also learn to practice Reiki self-treatment. Patients who learn Reiki self-care can still receive treatment from others when available, but they have the advantage of being able to give themselves Reiki treatment whenever and as often as needed/desired. Learning to practice entry-level, First Degree Reiki in a credible group class involves no on-going cost, only an initial investment of time (approximately 10 hours preferably over 2 or more days) and money (usually $150-300).[29]

Not only the patient but also any interested family members and caregivers can learn to practice Reiki, including children as young as 3 or 4 years of age. Family members can then treat themselves and one another, engaging the family in a culture of care and healing. The ease and comfort of receiving Reiki from a family member or friend, or being able to treat oneself as often as desired, makes it easier for people with children and/or busy schedules to access Reiki treatment.

Many communities have Reiki healing circles sponsored by a local hospital, church/temple, support group or a Reiki Master. Reiki treatment is often available in community health or senior centers, sometimes as part of outreach programs. Reiki is also offered to inpatients in a growing number of hospitals.

Since Reiki's balancing influence does not depend on diagnosis and Reiki can bring near-immediate relief from a range of symptoms,[4,58] Reiki treatment can offer profound support from the first suspicion of a serious medical condition. By relieving anxiety and other more transient symptoms, Reiki can help people start their healing journey even before diagnosis is ascertained and enable patients to approach treatment decisions with greater clarity.

CONCLUSION

The best reason for a patient to receive a Reiki treatment is simply because people report that Reiki helps them feel better, frequently within minutes,[58] relieving symptoms such as anxiety, pain, fatigue, nausea, and insomnia, and imparting a sense of centeredness. Additionally, research supports anecdotal reports that Reiki can help patients recontextualize their illness in a way that empowers them to heal. Reiki treatment can enhance the patient's ability to address the challenges and uncertainty of a cancer diagnosis with a clearer mind and a stronger sense of self.

Conventional cancer treatment can be experienced as a war against the disease, a fight for life in which the body becomes a battlefield. The balancing effect of Reiki treatment can help the person recover from the collateral damage of treatment without compromising the effectiveness of conventional protocols. At a time when so much hangs in the balance, Reiki treatment can help tip the scales in the patient's favor.

Resources

- *REIKI: A Comprehensive Guide* by Pamela Miles (Tarcher/Penguin 2006) includes several chapters on how Reiki is being used in conventional care settings, with many anecdotes from both patients and physicians. It helps patients understand the importance of self-care, how Reiki might help them, and how to speak to their physicians about Reiki.
- www.ReikiInMedicine.org has medical papers and popular articles outlining how Reiki is being used in conventional healthcare.
- Center for Spirituality and Health website—http://takingcharge.csh.umn.edu/therapies/reiki/what.
- www.ReikiAlliance.com is an international organization of Reiki masters who adhere to rigorous training standards.

References

1. Tavares M. *National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care.* Prince of Wales Foundation for Integrated Health; 2003.
2. Corbin Winslow L, Shapiro H. Physicians want education about complementary and alternative medicine to enhance communication with their patients. *Arch Intern Med.* 2002;162(10):1176-1181.
3. Penson RT, Dignan FL, Canellos GP, Picard CL, Lynch TJ Jr. Burnout: caring for the caregivers. *Oncologist.* 2000;5(5):425-434.
4. Schiller R. Reiki: a starting point for integrative medicine. *Altern Ther Health Med.* 2003;9(2):20-21.
5. Kemper KJ, Larrimore D, Dozier J, Woods C. Electives in complementary medicine: are we preaching to the choir? *Explore.* 2005;1(6):453-458.
6. Consortium of Academic Health Centers for Integrative Medicine. http://www.imconsortium.org/cahcim/home.html Accessed August 30, 2007.

7. Pierce B. The use of biofield therapies in cancer care. *Clin J Oncol Nurs.* 2007;11(2):253-258.
8. Sierpina VS. Teaching integratively: how the next generation of doctors will Practice. *Integr Cancer Ther.* Sep 2004;3:201-207.
9. American Medical Students Association. http://www.amsa.org/humed/CAM/. Accessed August 30, 2007.
10. Brathovde A. A pilot study: Reiki for self-care of nurses and healthcare providers. *Holist Nurs Pract.* 2006;20(2):95-101.
11. Burden B, Herron-Marx S, Clifford C. The increasing use of Reiki as a complementary therapy in specialist palliative care. *Int J Palliat Nurs.* 2005;11(5):248-253.
12. Berenson SC. Management of cancer pain with complementary therapies. *Oncology.* 2007;21(4):1-5.
13. Whelan KM, Wishnia GS. Reiki therapy: the benefits to a nurse/Reiki practitioner. *Holist Nurs Pract.* 2003;17(4):209-217.
14. Nield-Anderson L, Ameling AJ. *Psychosoc Nurs Ment Health Serv.* 2001;39(4):42-49.
15. Brill C, Kashurba M. Each moment of touch. *Nurs Admin Q.* 2001;25(3):8.
16. Eisenberg DM, Kessler RC, Foster C, et al. Unconventional medicine in the United States-Prevalence, costs, and patterns of use. *N Engl J Med.* 1993;328(4):246-252.
17. Tough SC, Johnston DW, Verhoef MJ, Arthur K, Bryant H. Complementary and alternative medicine use among colorectal cancer patients in Alberta. *Altern Ther Health Med.* 2002;8(2):54-64.
18. Ernst E, Cassileth BR. The prevalence of complementary/alternative medicine in cancer: a systematic review. *Cancer.* 1998;83:777-782.
19. Downer SM, Cody MM, McCluskey P, et al. Pursuit and practice of complementary therapies by cancer patients receiving conventional treatment. *IBMJ.* 1994;309:86-89.
20. Cassileth BR. Complementary therapies: the American experience. *Support Care Cancer.* 2000;8(1):16-23.
21. Hann D, Baker F, Denniston M, Entrekin N. Long-term breast cancer survivors' use of complenentary therapies: perceived impact on recovery and prevention of recurrence. *Integr Cancer Ther.* 2005;4:14-20.
22. McLean TW, Kemper KJ. Lifestyle, biomechanical, and bioenergetic complementary therapies in pediatric oncology. *J Soc Integr Oncol.* 2006;4(4):187-193.
23. Block KI. Integrative tumor board: recurrent breast cancer or new primary? *Integr Cancer Ther.* 2003;2:301-305.
24. Mehl-Madrona L. Integrative tumor board: recurrent breast cancer or new primary? *Integr Cancer Ther.* 2003 Sept;2:283-289.
25. Boon HS, Olatunde F, Zick SM. Trends in complementary/alternative medicine use by breast cancer survivors: comparing survey data from 1998 and 2005. *BMC Women's Health.* 2007;7(4).
26. Hassett MJ, O'Malley AJ, Pakes JR, Newhouse JP, Earle CC. Frequency and cost of chemotherapy-related serious adverse effects in a population sample of women with breast cancer. *J Natl Cancer Inst.* 2006;98(16):1108-1117.
27. Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990-1997 Results of a follow-up survey. *JAMA.* 1998;280(18):1569-1575.
28. Barnes P, Powell-Griner E, McFann K, et al. Complementary and alternative medicine use among adults: United States 2002. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. CDC Advance Data Report No. 343. May 27, 2004.
29. Miles P, True G. Reiki—review of a biofield therapy history, theory, practice, and research. *Altern Ther Health Med.* 2003;9(2):62-72.
30. Deng GE, Cassileth BR, Cohen L, et al. Integrative oncology practice guidelines. *J Soc Integr Oncol.* 2007;5(2):65-84.
31. Astin JA. Mind-body therapies for the management of pain. *Clin J Pain.* 2004;20(1):27-32.
32. Sparber A, Bauer L, Curt G, et al. Use of complementary medicine by adult patients participating in cancer clinical trials. *Oncol Nurs Forum.* 2000;27(4):623-630.
33. Mulkins AL, Verhoef MJ. Supporitng the transformative process: experiences of cancer patients receiving integrative care. *Integr Cancer Ther.* 2004;3(3):1-8.
34. Holland JC. Preliminary guidelines for the treatment of distress. *Oncology (Williston Park)*. 1997;11(11A):109-114; discussion 115-117.
35. Kronenberg F, Mindes J, Jacobson JS. The future of complementary and alternative medicine for cancer. *Cancer Invest.* 2005;23(5):420-426.
36. Ernst E, Pittler MH, Stevenson C, White A, eds. *The Desktop Guide to Complementary Medicine: An Evidence-Based Approach.* 2003.
37. Berman JD, Straus SE. Implementing a research agenda for complementary and alternative medicine. *Annu Rev Med.* 2004;55:239-254.
38. Hufford DJ. CAM and cultural diversity: ethics and epistemology converge. In: Callahan D, ed. *The Role of Complementary and Alternative Medicine: Accommodating Pluralism.* Washington, DC: Georgetown University Press; 2002:15-35.
39. NCCAM Energy Medicine Backgrounder. http://nccam.nih.gov/health/backgrounds/energymed.htm. Accessed September 6, 2007.
40. Chapman E, Milton G. Reiki as an intervention in drug and alcohol withdrawal and rehabilitation: almost a decade of experience. In: *Proceedings of The World Federation of Therapeutic Communities 21st World Conference*; Melbourne, Australia; February 2002:1-13.
41. Miles P. Preliminary report on the use of Reiki for HIV-related pain and anxiety. *Altern Ther.* 2003;9(2):36.
42. Schmehr R. Enhancing the treatment of HIV/AIDS with Reiki training and treatment. *Altern Ther Health Med.* 2003;9(2):118-120.
43. Bailey P. Healing touch. *Hosp Phys.* 1997;33(1):42.
44. Institute for the Advancement of Complementary Therapies (I*ACT) http://www.complementary-therapies.org/projects.html.
45. Mansour AA, Beuche M, Laing G, Leis A. A study to test the effectiveness of placebo Reiki standardization procedures developed for planned Reiki efficacy study. *J Altern Complement Med.* 1999;5(2):153-164.
46. Alandydy P. Using Reiki to support surgical patients. *J Nurs Care Qual.* 1999;13(2):89-91.
47. Scales B. CAMPing in the PACU: using complementary and alternative medical practices in the PACU. *J PeriAnasthesia Nurs.* 2001;16(5)325-334.
48. Goldner D. Helping Hands. POZ. June 2000.
49. Starn JR. Energy healing with women and children. *J Obstet Gynecol Neonatal Nurs.* 1998;27(5):576-584.
50. Bullock M. Reiki: a complementary therapy for life. *Am J Hosp Palliat Care.* 1997;14(1):31-33.
51. Rivera E, Gethner J. Weaving the basket of self-care: building a community of wellness. Int Conf AIDS; July 9-14 2000:13.
52. Haberley H. *Reiki: Hawayo Takata's Story.* Olney, MD: Archedigm; 1990.
53. Krise M, Lundy VJ. Psychosocial oncology. *Integr Cancer Ther.* 2005;4:58-60.
54. Beider S. An ethical argument for integrated palliative care. *Evid Based Complement Altern Med.* 2005;2(2):227-231. Epub 2005 Apr 27.
55. Miles P. Living in relation to mystery: addressing mind, body, and spirit. *Adv Mind Body Med.* 2003;19(2):22-23.
56. Engebretson J, Wardell D. Experience of a Reiki session. *Altern Ther Health Med.* 2002;(8):48-53.
57. Tovey P, Broom A, Chatwin J, Hafeez M, Ahmad S. Patient assessment of effectiveness and satisfaction with traditional medicine, globalized complementary and alternative medicines, and allopathic medicines for cancer in Pakistan. *Integr Cancer Ther.* 2005 Sept;4:242-248.
58. Sadock BJ, Sadock VA. Alternative medicine and psychiatry. In: *Kaplan and Sadock's Synopsis of Psychiatry.* Phildelphia, PA: Lippincott, Williams & Wilkins; 2003.
59. Becker RO. Acupuncture points show increased DC electrical conductivity. *Am J Chin Med.* 1976(4):69.
60. Block KI, Cohen AJ, Dobs AS, Ornish D, Tripathy D. The challenges of randomized trials in integrative cancer care. *Integr Cancer Ther.* 2004;3(2):112-127.
61. Tsang KL, Carlson LE, Olson K. Pilot crossover trial of Reiki versus rest for treating cancer-related fatigue. *Integr Cancer Ther.* 2007;6(1):25-35.
62. Olson K, Hanson J. Using Reiki to manage pain: a preliminary report. *Cancer Prev Control.* 1997;1(2):108-113.
63. Olson K, Hanson J, Michaud M. A phase II trial for the management of pain in advanced cancer patients. *J Pain Symptom Manage.* 2003;26(5):990-997.
64. Cassileth BR, Vickers AJ. Massage therapy for symptom control: outcome study at a major cancer center. *J Pain Symptom Manage.* 2004;28(3):244-249.
65. Vitale A, O'Connor PC. The effect of Reiki on pain and anxiety in women with abdominal hysterectomies: a quasi- experimental pilot study. *Holist Nurs Pract.* 2006;20(6):263-272.
66. Wardell DW, Engebretson J. Biological correlates of Reiki touch healing. *J Adv Nurs.* 2001;33(4):439-445.
67. Shore AG. Long-term effects of energetic healing on symptoms of psychological depression and self-perceived stress. *Altern Ther Health Med.* 2004;10(3):42-48.
68. Mackay N, Hansen S, McFarlane O. *J Altern Complement Med.* 2004;10(6):1077-1081.
69. Shiflett SC, Nayak S, Bid C, Miles P, Agnostinelli S. Effect of Reiki treatments on functional recovery in patients in post-stroke rehabilitation: a pilot study. *J Altern Complement Med.* 2002;8(6):755-763.
70. Kerr CE, Wasserman RH Moore CI. Cortical Dynamics as a Therapeutic Mechanism for Touch Healing. *J Altern Complement Med.* 2007;13(1):59-66.
71. http://crisp.cit.nih.gov/crisp/CRISP_LIB.getdoc?textkey=7140048&p_grant_num=5R21AT001884-02&p_query=&ticket=27065706&p_audit_session_id=190555590&p_keywords=Accessed September 21, 2007.
72. National Cancer Institute, Office of Cancer Complementary and Alternative Medicine. http://dctd.cancer.gov/ProgramPages/OCCAM.htm. Accessed August 31, 2007.
73. Touch Research Institute. http://www6.miami.edu/touch-research/workshop.htm. Accessed August 31, 2007.